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October 17, 2014

Mr. Michael Dyer
Board President
Area Agency on Aging of Palm Beach/Treasure Coast, Inc.
4400 North Congress Avenue
West Palm Beach, FL 33407

Dear Mr. Dyer:

Enclosed is the Department of Elder Affairs' (DOEA) August 18-21, 2014, Monitoring Report of the Area Agency on Aging of Palm Beach/Treasure Coast, Inc. (AAPB/TC) for the calendar year ending December 31, 2013. The report, which reflects observations noted and discussed during the exit conference, formalizes the areas of deficiency and recommendations that must be addressed by AAPB/TC's management and board.


Monitoring includes tests of compliance with federal and state programs, contracts, and subawards. It should be noted that testing was not comprehensive in scope to identify all deficiencies, and excluded specific program tests of the following areas: budgeting, targeting and subcontractor oversight. These areas will be addressed through technical assistance by your contract manager.

Please review each finding and indicate the corrective action your agency is proposing to resolve each issue to your contract manager, Shirley Kervin. Additionally, regarding suggestions for improvement as a result of minor non-compliance issues, please indicate AAPB/TC's acceptance of suggestions or non-acceptance, and include alternative solutions.

Since AAPB/TC's response will become part of the permanent record of this report, please make it as concise as possible, focusing only on the factual matters related to each finding. It is necessary to receive AAPB/TC's written response within 30 business days from the date of this letter. If additional time is needed, it can be requested from your contract manager. DOEA's contract manager will review AAPB/TC's corrective action plan and provide feedback and approval within 30 days of receipt by DOEA of an acceptable plan.

On behalf of DOEA and the elder Floridians we serve, I want to thank you and your staff for the courtesy extended to DOEA staff during the visit. We look forward to strengthening our shared commitment as we continue to explore ways to make a difference in the lives of Florida's elders, their families, and caregivers.

Sincerely,


for CTC

Charles T. Corley
Secretary

cc:

Jaime Estremera-Fitzgerald, Executive Director, AAPB/TC
Jonathan Manalo, Director, Division of Financial Administration
Monitoring and Quality Assurance Team Members
Shirley Kervin, Contract Manager

<http://elderaffairs.state.fl.us>

**AREA AGENCY ON AGING OF
PALM BEACH/TREASURE
COAST, INC.**

2014 MONITORING REPORT

**DIVISION OF FINANCIAL ADMINISTRATION
MONITORING AND QUALITY ASSURANCE UNIT**

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EXECUTIVE SUMMARY

The Department of Elder Affairs (DOEA) conducted a programmatic and fiscal monitoring review of the Area Agency on Aging of Palm Beach/Treasure Coast, Inc., (AAPB/TC) on August 18-21, 2014. DOEA's monitoring was conducted in accordance with common procedures used to monitor federal and state programs, contracts, and subawards. Governing authorities used for the review included Office of Management and Budget (OMB) Circulars, the Code of Federal Regulations (CFR), and other applicable federal and state guidelines. Pursuant to Section 430.0401, Florida Statutes (F.S.), DOEA must submit to the Governor and Legislature an annual report that describes the result of its monitoring activities of the Area Agencies on Aging (AAAs).

AAPB/TC's Board of Directors (Board) governs the agency and oversees its operations and administration of programs. The agency's programs are both publicly and privately funded and provide an array of supportive services to elder residents in its PSA. AAPB/TC serves the five-county region of Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie counties, designated as PSA 9 (see Appendix, page A-7 for a statewide map of PSAs).

Each year, DOEA staff performs an independent review and test of agency information and evidence. As a result of this year's review, staff noted two findings in the following areas:

- *Client Information and Registration Tracking System (CIRTS) Data Accuracy **
- *Emergency Home Energy Assistance for the Elderly (EHEAP)*

Issues noted this visit that existed last year are denoted by an asterisk (*). If the same issues surface from year to year, then it is possible AAPB/TC's internal or operational controls in a particular area merit further attention. The Compilation of Findings section of this report details the current year deficiencies.

Overall, DOEA's monitoring activities revealed that AAPB/TC is compliant with most requirements related to the agency's role as a major subrecipient of federal and state funds. Accordingly, DOEA recommends that AAPB/TC initiate follow-up actions for areas of deficiency to ensure continued high quality services to Florida's elders.

INTRODUCTION

Monitoring Scope, Objectives, and Methodology

DOEA's monitoring and review of programmatic, fiscal, and operational activities of AAPB/TC covered the period from January 1, 2013, through December 31, 2013. Staff reviewed client files randomly selected from the Emergency Home Energy Assistance for the Elderly Program (EHEAP), General Revenue (GR) programs, Imminent Risk referrals, Adult Protective Services (APS) referrals, and Client Data Accuracy information for the period of January 1, 2013, through the beginning date of the fieldwork. This monitoring visit also included follow-up testing of prior year findings to verify that effective corrective action was taken.

DOEA's monitoring objectives for the onsite review were to determine whether AAPB/TC did the following: 1) complied with its contracts and state and federal rules [refer to Appendix pages A-5 and A-6], 2) adhered to standards of good practice within the industry, and 3) produced outcomes consistent with DOEA's statutory mission and focus.

DOEA's monitoring and review of AAPB/TC's programs for this reporting period included inquiries of staff, observation of practices, client visits, and an examination of selected records, satisfaction surveys, service providers' documentation, and client case files. The review also focused on several interrelated areas that form the basis for effective internal control systems. The interrelated areas included governance systems, service delivery, subcontractor oversight, resource use, due process/grievance procedures, and data integrity. Additionally, staff examined AAPB/TC's independent auditor's report and accompanying management letter for compliance with OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations.

AAPB/TC's performance of selected, legislatively mandated outcome measures is reflected for this period. DOEA is accountable for outcome measures at the state level (refer to Appendix page A-1).

Planning and Service Area Profile

AAPB/TC's service system includes private and public sector agencies that provide various options to help elders remain independent and in their homes.

A demographic snapshot of PSA 9's population composition and AAPB/TC's programs under contract with DOEA for serving elders in the region follows:

Population Composition:

<u>Population</u>	<u>Total</u>	<u>Percent of Total</u>
All Ages	1,957,961	100 %
Age 60 and Older	567,969	29 %

Annualized Contract Allocations by Major Programs*:

Older Americans Act (OAA)	\$8,712,602
Other Federal Programs	1,080,896
Statewide Community-Based Programs	13,679,972
Other State Programs	120,000
Medicaid Waiver Specialist	<u>141,629</u>
Total Funding	\$23,735,099

**For comparative purposes, programs reflect 12 months of activities; however, contract periods may differ.*

OAA-funded programs

Title IIIB (Supportive Services)
 Title III-C1 and III-C2 (Congregate and Home-Delivered Meals)
 Title IIID (Health Promotion)
 Title IIIE (National Family Caregiver Support)
 Title VII (Elder Abuse Prevention)

State-funded programs

Alzheimer's Disease Initiative (ADI)
 Community Care for the Elderly (CCE)
 Home Care for the Elderly (HCE)
 Local Services Program (LSP)

Other federally funded programs

Nutrition Services Incentive Program (NSIP)
 Emergency Home Energy Assistance for the Elderly Program (EHEAP)
 Serving Health Insurance Needs of Elders (SHINE)
 Respite for Elders Living in Every day Families (RELIEF)

Joint federal- and state-funded programs

Medicaid Aged and Disabled Adult Waiver (ADA)
 Assisted Living Medicaid Waiver (AL)
 Aging and Disability Resource Center (ADRC)

COMPILATION OF FINDINGS

Finding Number 1 – CIRTSS deficiencies exist.

A review of current year CIRTSS data compared to prior year analysis revealed that six of 15 reports contained errors in excess of the standard allowable rates for each report. The allowable error rates are based on prior year median achievement of accuracy and the case load variances of the PSA.

The reports with errors that exceeded the allowable rates are as follows:

<i>Report Menu #</i>	<i>CIRTSS REPORTS</i>	<i>Allowable Error %</i>	<i>PSA 9 Standards</i>	<i>Reports run 8/4/14</i>
A.2	Assessments Overdue or Not Done – Clients ACTV or ACTV & APCL	0.7%	16	97
M.1	Clients Shown ACTV Without Services in Last 14 Months or Longer	0.7%	22	134
M.4	CARES Referrals Not Acknowledged by Aging Network	1.5%	1	2
M.19	CIRTSS Data Clean-Up Report	0.05%	4	6
APS	APS ARTT Referrals Not Acknowledged as Received	0.5%	1	8
APS	Incomplete ARTT Referrals	0.5%	1	14

These deficiencies reflect non-compliance with the Handbook, Attachment I to DOE's contracts and NOI numbers 031408-1-I-SWCBS and 032309-1-I-SWCBS.

Error reports are generated based on CIRTSS data that does not appear to conform to current policies and practices. The impact of not maintaining accurate data (researching and making corrections timely) includes the following: gaps in care due to inaccurate and duplicate records of services to clients, deterioration of client condition not being detected timely (that could result in health or safety risks), duplication of billing for clients served in multiple programs, and the potential for fraud and overbilling of services (particularly for clients who are deceased, based on Vital Statistics DOD reports).

Finding Number 2 – Incorrect Program Expenditures: EHEAP overpayments were made.

A review of 14 EHEAP files revealed the following:

1. For three applications submitted to Council on Aging of Martin County (COAMC), staff was unable to determine that the provider took actions to resolve the emergency within 48 hours of the date of receipt of the completed application and all required documentation. The date stamp used by COAMC only showed the month, and the other date elements were not completed manually by staff. Therefore, DOE staff was unable to determine whether the application was processed within 48 hours of approval.
2. Four files contained conflicting date information. A review of supporting documentation further indicated documentation and information were gathered prior to the dates of the applications.

3. One application was not signed by the client. The application was completed by phone and the client refused to sign the application after learning that automatic eligibility based on SNAP assistance (food stamps) no longer exists.
4. One file did not contain a confirmation of the date the worker accessed the energy provider's portal to determine the minimum amount needed to resolve the crisis. Therefore, DOEA was unable to confirm that the commitment to the utility vendor was made after eligibility was determined.
5. One application was inappropriately denied, citing the receipt of a LIHEAP payment in the same season. DOEA staff learned that the applicant had received a non-crisis LIHEAP payment the month prior to submitting the EHEAP application and was still eligible to receive EHEAP benefits based on the supporting documentation in the file.

These discrepancies reflect noncompliance with the technical assistance attachment to the July 11, 2013, Notice of Instruction (NOI) #071113-1-1-SWCBS, that states "The date stamp is the date all required documentation is presented in acceptable form to agency staff. The 18 and 48 hours rule for crisis resolution begins when the application is date stamped" and "Only the delinquent portion of the utility bill is to be paid, or the minimum amount necessary to resolve the crisis." The NOI also states: "The newer online response systems such as FPL's ASSIST website provide adequate information as long as the final bill, minimum amount due, commitment amount and commitment confirmation are printed and included in the applicant's file" and "Within 15 working days of receiving the application, furnish in writing to the applicant a Notice of Approval...or a Notice of Denial, which includes appeal information." DOEA contracts require that the provider should coordinate services with Florida Department of Economic Opportunity's LIHEAP recipients in the local service area to prevent the duplication of benefits, ensuring that not more than one crisis benefit is paid in the same heating/cooling season.

SUGGESTIONS FOR IMPROVEMENT

During the visit, DOEA staff identified opportunities for strengthening AAPB/TC's procedures and processes as outlined below. These suggestions will not be included in DOEA's report to the Governor and Legislature. The suggestions in Section A are a result of instances of noncompliance that are not significant enough to become findings this year, but may indicate weaknesses that could become findings if not corrected. The suggestions in Section B are based on best practice observations that may improve internal controls and operations, and are unrelated to compliance, therefore having no potential to become findings.

A. The following suggestions are the result of minor noncompliance issues noted during the review that have the potential to become findings if not corrected and require a written response:

1. DOEA suggests AAPB/TC maintain workshop participant size in the evidence-based Matter of Balance program by continuing to use the revised sign-in sheet that indicates the minimum and maximum number of participants for each session.
2. DOEA suggests that AAPB/TC memorialize the business portion of annual meetings of the Board of Directors and Advisory Council as part of regular meeting schedule and formally include records of attendance and minutes of the meetings.
3. DOEA suggests that AAPB/TC routinely run APS Exception Reports and timely reconcile client records that may appear as exceptions, especially where exceptions appear as incomplete ARTT referrals or as a result of APS ARTT referrals not acknowledged as received.
4. DOEA suggests that AAPB/TC abide by section 406 of its Personnel Policy Manual, ensuring that the justification for advances is congruent with an emergency (as the title of this section implies), that advances are limited to not more than two per year, and that advances and loans are not made using funds passed through DOEA.
5. DOEA suggests COASL and DOSS revise their policies regarding handling improper food temperatures to include the Nutrition Services Coordinator monitoring the frequency of occurrences at the sites, coordinating with the food service vendor to minimize the occurrence of menu items being delivered at unsafe temperatures, and ensuring timely corrective action. It is also suggested COASL ensure that safe food temperature ranges in their policy are in accordance with the temperatures established by the United States Department of Agriculture, and *the Handbook*.
6. DOEA suggests SRA ensure meal sites document temperatures in accordance with time specified in the Handbook to protect elders from potentially deadly food-borne illness.
7. DOEA suggests AAPB/TC ensure that menus are developed and signed by a qualified dietitian (other than the caterer's) at least four weeks prior to serving, and that providers' menu substitution logs are maintained in accordance with the guidelines in the Handbook.
8. DOEA suggests AAPB/TC ensure providers' complaint logs are maintained in detail, including all actions taken to resolve the complaint.

9. DOEA suggests AAAPB/TC ensure that refresher-training sessions for case managers are conducted on a variety of topics that include the following: documenting reasons for changes to services in case narratives; completing assessments accurately (particularly the environment section); determining billable and non-billable activities; completing the care plan (to include addressing the client's unmet needs); recording physical observations of the client and environment in the case narratives; consistently documenting the 14-day follow-up with the clients to ensure receipt of new or increased services, and appropriate case file documentation.
 10. DOEA suggests AAAPB/TC ensure that case management agencies record the type of service delivered to APS clients within 72 hours of the referral, and the date of delivery. It is also recommended that policies regarding the waiver of co-payments are clarified with case management staff and clients and that the policy is followed.
 11. DOEA suggests AAAPB/TC ensure that Palm Beach County Division of Senior Services use a care plan format that contains all elements of the DOEA Care Plan, including client signature, signature date, and attestation, and not use a separate form that is not part of the care plan document for this purpose.
 12. DOEA suggests AAAPB/TC ensure that travelers record per diem, meal allowances, and other expenses claimed for reimbursement by date, in accord with the format of the Department of Financial Services' Uniform Travel Voucher Form.
- B. The following suggestions are provided as observations to strengthen or improve operations:
1. DOEA suggests that AAAPB/TC engage in joint planning with its contracted legal providers to identify target groups and priority legal issues for the Older Floridians Legal Assistance Program (OFLAP) in order to ensure that OAA services are reaching the most vulnerable seniors in the community. DOEA recommends AAAPB/TC contact Sarah Halsell, State Legal Services Developer, for technical assistance in meeting all aspects of the OFLAP standard.

PSA HIGHLIGHTS

1. As part of the sixth National Falls Prevention Awareness Day, Liliana Herrera (Health and Wellness Project Director) was asked to participate in the 2013 Falls Prevention Webcast on the subject of Community Level programs. The Webcast was sponsored by the Florida Department of Health and DOEA. The intent was to share information and best practices on how to implement these programs by involving businesses, community partners, faith-based organizations, hospitals, and physicians.
2. AAAPB/TC was the second ADRC to transition to Statewide Medicaid Managed Care Long Term Care (SMMCLTC) in August 2013. It was a smooth and successful transition.
3. Four Information and Referral staff completed the Association of Information and Referral (AIRS) certification and are now classified as certified I and R Specialists in Aging.
4. AAAPB/TC obtained Victims of Crime Act (VOCA) funding and hired a victim advocate for the 19th Judicial Circuit (Martin, St. Lucie, Indian River and Okeechobee counties) to initiate senior crime victim assistance.
5. AAAPB/TC disseminated "An Age for Justice" video and educational information to 75 agencies comprised of PSA 9 providers, law enforcement agencies, Adult Protective Services, and the Offices of the State Attorney in recognition of World Elder Abuse Awareness Day on June 15, 2013.
6. AAAPB/TC received a Mini Grant from the Centers for Disease Control and Prevention through the Florida Department of Health in the amount of \$5,000 which will allow the ADRC to provide two additional Tai Chi workshops: one in the Treasure Coast, and one in Palm Beach County.
7. AAAPB/TC's partnership with Palm Beach Atlantic University's Gregory School of Pharmacy proved to be a rewarding experience for 31 students who completed SHINE training. These volunteers provided counseling assistance during the Medicare Annual Election Period.
8. Elder Helpline Director Kim Clawson implemented a new quality assurance program that measures the ADRC's performance in managing the SMMCLTC program functions. This program was created by staff from several PSAs, under the direction of F4A consultant Robert Beck, in order to satisfy SMMCLTC contract requirements and to create a uniform statewide method for assuring quality information and referrals.
9. In October 2013, the ADRC's Lesbian Gay Bisexual Transgender (LGBT) Task Force launched a survey targeting LGBT seniors in Palm Beach and Treasure Coast counties. This is the Task Force's first action in its efforts to reach out to LGBT seniors and LGBT services organizations, and of creating awareness among aging service providers about the unique challenges faced by LGBT seniors as they age. The survey is available online at the ADRC's website, and paper surveys are being distributed to churches and services organizations by Task Force volunteers. The survey will continue through March 31, 2014, and thereafter will be analyzed and results reported to stakeholders.

NOTEWORTHY OBSERVATIONS

1. DOEA staff visited North County Senior Center in Palm Beach Gardens. The site is operated by DOSS. Staff met with Carol Siedlecki, Volunteer. Ms. Siedlecki was filling in for the meal site manager who was out on the day of our visit. Services are provided Monday through Friday, 11:00 a.m. to 12:30 p.m. At the time of the visit, participants were enjoying their meal. The seniors interviewed reported that they enjoy going to the site and appreciate the meals and activities provided. The meal served was in accordance with the scheduled meal on the posted menu. DOEA staff observed minimal plate waste by the participants. Staff interviewed participants who expressed satisfaction and appreciation for the opportunity to have a hot meal. There were approximately 10 meal site participants in attendance on the day of the visit.

Meals are provided by Classic Caterers. The food arrives in bulk, and temperatures are maintained with appropriate heating and cooling systems maintained in the dining area. Meal site staff record the temperature upon arrival and again before serving. DOEA staff observed the temperature logs, and they were up to date.

2. DOEA staff performed a routine visit to an APS/CCE client to confirm that observations in the home were congruent with documentation in the case file. The client and caregiver are both age 84. The level of caregiver distress indicated in the client's file was significantly minimized in comparison to observations during the home visit. The client was assessed by the case manager to be constantly incontinent. However, this need was never addressed in the care plan or case notes. The caregiver spouse and the in-home aide indicated during the home visit that incontinence supplies are paid for out of pocket, further inhibiting the caregiver's ability to pay the co-payment for services. They also indicated a need for a toilet riser and lift chair, as the client is frequently in a wheelchair and is completely dependent on them to assist her to stand for transferring,

The client's initial assessment indicated some cognitive decline, and case notes reflect that the caregiver has noted a marked decline in the client's cognitive status, interspersed with periods of lucidity. Respite was increased from nine to 16 hours at the caregiver's request. Staff inquired whether the increased respite was of benefit to the caregiver, who stated that the client becomes more agitated if he goes anywhere without her, and is abusive when he returns. Therefore, he stated it is not worth it for him to take a break from caregiving because he pays a heavy price emotionally for it that is counterproductive to the purpose of the respite. During the visit, the client became extremely agitated at her caregiver spouse regarding incidents reportedly from many years ago, yelling at him and insulting him. The caregiver started crying and stated that his wife was not like this before and her behavior is increasingly worsening with more frequent bouts of agitation. The in-home aide confirmed the caregiver's statements, and stated that this situation happens all the time.

The caregiver stated that he is appreciative of the aide and the services they receive, but even with this help, he's not certain how much longer he can care for his wife under the present conditions. DOEA staff minimally recommends that the client receive incontinence supplies, a lift chair, and a toilet riser, and that the case management agency continue to work with the caregiver to identify services that can relieve burnout.

APPENDIX

Legislatively Mandated Outcome Measures

The legislatively mandated performance measures are listed below with the established standard of achievement. The following performance results indicate AAA achievement below the standard for two performance measures and require a performance improvement plan.

#	Outcome Measure	Standard 2012-2013	Performance Results*
1	Percentage of customers who are at imminent risk of nursing home placement who are served with community-based services	90	
2	Percent of APS referrals who are in need of immediate services to prevent further harm who are served within 72 hours	97	97.6
3	Percentage of elders assessed with high or moderate risk environments who improved their environment score	79.3	62.5
4	Percentage of new service recipients with high-risk nutrition scores whose nutritional status improved	66	
5	Percentage of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved	65	52.7
6	Percentage of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved	62.3	62.9
7	Percentage of family and family-assisted caregivers who self-report they are very likely to provide care	89	
8	Percent of caregivers whose ability to continue to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor)	90	96.8
9	Average time in the CCE Program for Medicaid Waiver probable customers decreases	2.8 mos.	

*assessed results reported in DOEA's Long Range Program Plan (LRPP). Measures that do not reflect performance results are reported at the statewide level and not applied to individual AAAs.

PROGRESS REPORT

The following table summarizes the areas reviewed for this monitoring cycle and corresponding achievement, based on compliance with authoritative guidance and the expectations outlined in the Interpretive Guidelines. Areas not achieved require a formal corrective action plan to be submitted to DOEA's contract manager within 30 days of receipt of the monitoring report.

Organization Governance, Leadership, and Administration	Achieved
Review of Board and AC rosters and meeting minutes indicated an effective governance and oversight structure in compliance with requirements, by-laws, and Articles of Incorporation. It is recommended that the business portion of annual meetings of the BOD and AC be memorialized in the routine schedule of meetings, so as to meet minimum meeting requirements, with requisite attendance records and minutes.	
Legislatively-Mandated Outcome Measures	Performance Improvement Plan Required
Review of CIRT data indicated the goal was not achieved for two of five outcomes being measured for this cycle (Environmental Score improved, and ADL Score of New Clients Maintained/ Improved), requiring a performance improvement plan.	
APS Referrals	Technical Assistance Needed
Review of four APS high-risk referrals revealed that a recommended service was provided within 72 hours to three clients reported at high risk of abuse, neglect, or exploitation. The fourth file indicated in communications between the home services provider and the Lead Agency that the client was not home to receive services, but this wasn't documented in the case notes until over a week later (also the only indication that APS was contacted). A worker log for the day after the referral and assessment, and an interview with the worker during a home visit, confirmed compliance with the 72-hour time frame. It was unclear from case notes how often the client/caregiver were unavailable to receive services between the initial visit and nine days later. Case notes indicate that the aides went to the homes within 72 hours of the referrals, but do not indicate what services were performed. It is recommended that case notes indicate the type of service(s) initially delivered and the date of delivery. DOSS is using a non-standard care plan: recommend that the care plan include all of the elements of DOEA's care plan format. Case notes for one client (ED) did not come anywhere near describing the caregiver's distress and the deteriorating behavior of the client toward her spouse that was observed during the home visit: the worker indicated the behavior was constant. One case file indicated monthly discussions with the caregiver about finances, and non-payment of the required co-pay after services were continued beyond 31 days, as well as multiple internal discussions between staff of what to do about this (all of which were billed in CIRT). It is recommended that the AAA ensure case management training on a variety of subjects to include appropriate documentation of services delivered within 72 hours of the APS high-risk referral, and ensure that policies on waiver of co-pays are clarified with staff and clients, and that they are followed.	
Prioritization of Services	Achieved
Review of CIRT data revealed that PSA 9 successfully achieved the prioritization goal of enrolling more high priority clients than low priority clients during this period of review: 45.2 percent High Priority "4" and "5" (62 percent including high-risk clients) versus 4.8 percent Low Priority "1" and "2" (note: clients ranked "3" are not included in prioritization analysis for monitoring year 2014). Further, PSA 9 had an average 76 percent completion of a 701S screening assessment at time of enrollment, a noteworthy accomplishment thus far in the monitoring year. PSA 9 managed to attain an average of 68.8 percent consistency between 701 screenings and assessments for high-risk clients, a laudable accomplishment that can be marginally improved in future monitoring years. DOEA recommends that the AAA and its legal services contractors jointly plan to identify target groups and priority legal issues for the OFLAP in order to ensure that OAA services are reaching the most vulnerable seniors in the community, contacting Sarah Halsell, State Legal Services Developer, for assistance as needed.	
Grievance and Discrimination Procedures	Achieved
Review of documentation indicated that the AAA and its subcontractors have sufficient policies and procedures regarding consumer complaints and grievances, including procedures for determining the validity of the complaint, and the actions to be taken for verified complaints. AAPB/TC should ensure providers maintain complaint logs in detail that include the resolution of the consumer's complaint.	
Client Satisfaction	Achieved
Review of procedures, a sample of surveys, and summarized results, indicated that the AAA and its subcontractors are monitoring customer satisfaction. It is recommended that Bay County Council on Aging	

FLORIDA DEPARTMENT OF ELDER AFFAIRS

revise their complaint policy to ensure all required elements set forth in the Standard Contract are included, and that AAAPB/TC continue to monitor all providers' complaint logs to ensure complaints are resolved timely and logs are maintained in detail, including all actions taken to resolve the complaint.	
Information and Referral	Achieved
Review of documentation and observation indicated services are sufficient to provide access to and delivery of quality information, assistance, and referrals to elders, their caregivers, and families, in order to connect them with needed services and resources.	
Targeting of OAA Services	Deferred
This area of review was deferred to contract management to provide technical assistance to the AAAs in 2014.	
ADRC Operations	Achieved
Review of documentation and observation indicated compliance with ADRC requirements. Functions and structure were conducive to ensuring access to services for elders and their caregivers through coordination of resources or referrals, using customer-friendly tools that maximize resources, target service needs, and improve the quality of services.	
EHEAP	Not Achieved
Review of 14 EHEAP client files revealed that three applications did not provide the required documentation to ensure the provider took actions to resolve the home energy emergency with 48 hours of receipt of the completed application, and all required documentation. One application was inappropriately denied as the worker did not appropriately document the non-crisis LIHEAP benefit; one application was taken over the phone and not signed by the client; one file did not contain documentation of the date the case manager accessed the energy provider's online portal in order to confirm the minimum amount needed to timely resolve the crisis, and four files contained documentation provided to AAAPC/TC's subcontractor's prior to the application date.	
Nutrition	Achieved
Review of documentation for six meal sites revealed a minor non-compliance issue with handling improper food temperatures. AAAPB/TC is reminded to ensure all meal sites have established policies regarding improper food temperatures, follow the procedures established, and ensure the providers update their policy and procedures' safe food temperature ranges to be congruent with the Handbook. AAAPB/TC should also ensure that receipt of meal items out of temperature compliance is monitored and brought to the attention of the food service vendors, and ensure timely corrective action to minimize the potential for food-borne illness. DOEA also recommends that AAAPB/TC ensure menus are signed by the qualified dietitian(s) other than the caterer's at least four weeks prior to implementation.	
Health & Wellness	Achieved
Review of documentation revealed that program activities and functions were in compliance with requirements that focus on providing disease prevention education and health promotion activities to targeted elders. However, the AAA is reminded to preserve fidelity of the evidence-based Matter of Balance program by maintaining workshop participant size.	
Elder Abuse Prevention	Achieved
Review of documentation confirmed that the AAA effectively collaborated with agencies and leveraged community resources to educate elders, caregivers, and professionals in recognizing and preventing elder abuse, neglect, and exploitation in accordance with requirements.	
Respite for Elders Living in Everyday Families (RELIEF)	Achieved
Review of documentation revealed that the AAA recruited and supported volunteers to provide in-home respite to caregivers of clients in accordance with requirements, facilitating their continuing to care for family members.	
Serving Health Insurance Needs of Elders (SHINE)	Achieved
Review of selected documentation confirmed the AAA is effectively managing the program that provides health insurance counseling to elders, in accordance with requirements.	
General Revenue Programs	Achieved
Review of nine files selected from general revenue (GR) funded programs (CCE, HCE and ADI) indicated the clients were eligible for the programs, and the AAA was in general compliance with the program requirements. However, needs identified in case notes that are not addressed in the care plan indicate the case manager training is needed, to include the following: consistent recording of follow-up within 14 days with the client when services/providers are added or changed, correctly documenting case narratives as events occur, and ensuring eligibility documents (including co-pay forms) are completed in their entirety.	
Subcontractor Monitoring & Oversight	

2014 MONITORING REPORT
AREA AGENCY ON AGING OF PALM BEACH/TREASURE COAST, INC.

Review of service cost reports for five selected subcontractors revealed the AAA has required service cost reports to ensure that unit rates are reasonable for the services at the time of the bid and are reasonably consistent with actual costs.	Achieved
Finance and Administration	Technical Assistance Needed
Review of the Chart of Accounts and financial statements indicates that the AAA is capable of classifying and categorizing revenues and expenditures by program. Review of accounting policies and procedures and the agency's single audit, in addition to interviews with fiscal staff, indicated that the AAA complied with generally accepted accounting practices. Review of 37 randomly sampled expenditure transactions and June administrative expenditures revealed that the AAA is in compliance with requirements. However, AAAPB/TC does not appear to be complying with its policy regarding emergency payroll advances and loans. It is suggested that the agency emphasize the emergency nature of this benefit, ensure that this occurs no more than twice a year per the policy (except in dire circumstances), and ensure that funds other than those passed through DOEA are used.	
Procurement	Achieved
Review of procurement procedures and actions indicated there were no procurement actions in this PSA that were above the threshold in 2013. A deferment was granted by the DOEA contract manager for bidding services under the CCE program until 2014.	
Property	Achieved
Review of property procedures, the inventory list, and observation of selected property items indicated compliance with requirements. Three items randomly selected on site were reconciled to the list. AAAPB/TC only made two property purchases over \$1,000 in 2013.	
CIRTS Data Integrity and Accuracy	Not Achieved
Review of CIRTS policies and procedures and CIRTS report data, compared to prior year data, revealed that six of 15 reports contained errors in excess of the standard allowable rates for each report: Metric 1, Assessments Overdue or Not Done (ACTV or ACTV/APCL); Metric 4, Clients Shown ACTV Without Services in Last 14 Months or Longer; Metric 8, CARES Referrals Not Acknowledged by Aging Network; Metric 12, CIRTS Data Clean-Up Report; Metric 13, APS ARTT Referrals Not Acknowledged as Received; and, Metric 14, Incomplete ARTT Referrals. The allowable rates are based on the prior year median achievement of accuracy and the case load variances of the PSA. DOEA recommends that the AAA routinely run these reports on a regular basis and reconcile anomalies in client data.	

Major Federal, State, and Contractual Compliance Guidelines

Federal Rules and Regulations

Approximately 60 percent of DOEA's total budget is funded through federal entitlement and discretionary grant programs. In addition to statutory guidelines associated with the receipt of federal funds, DOEA, the AAAs, and service providers are required to comply with certain program and fiscal guidelines prescribed by the funding source. The most prominent of these regulations are identified below:

- Older Americans Act of 1965, as amended
- Services to be directed to older Americans (age 60 or older)
- No requirement of means or income testing for eligibility
- AAAs must submit formal plan for service area
- Prioritization of services must be given to those with the greatest social/economic need

OMB Circulars and Treasury Regulations prescribe applicable federal grant cost principles:

- OMB Circular A-87, Cost Principles for State, Local and Indian Tribal Governments
- OMB Circular A-102, Grants and Cooperative Agreements with State and Local Governments
- OMB Circular A-110, Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Nonprofit Organizations
- OMB Circular A-133, Audits of States, Local Governments, and Nonprofit Organizations
- Single Audit Act Amendments of 1996, OMB Circular A-133: establishes requirements of single audit act for grantees that spend or receive \$500,000 or more
- Code of Federal Regulations: 45 CFR, Parts 74 and 92 (Federal Procurement Guidelines)

Social Security Act, Section 1915c - Medicaid Waiver Programs allows states to "waive" requirements of the original Medicaid legislation and create waiver programs that provide care in the home and in the community and are an alternative to institutional care.

- Recipient must meet Medicaid guidelines
- Recipient would require institutionalization in the absence of the waiver
- Waiver cost plus other Medicaid services cannot exceed total cost to Medicaid for serving recipient in an appropriate institutional setting

Federal Grant and Cooperative Agreement Act of 1977 (31 U.S.C. 6301-08) provision establishes criteria for whether a transaction is procurement or financial assistance.

Other Federal Requirements

- OMB Standard Form 424-B Assurances (compliance certification with other federal laws)
- Certifications Regarding Debarment/Suspension, Drug-Free Workplace and Lobbying
- Health Insurance Portability and Accountability Act (HIPAA) of 1996
- Civil Rights Act of 1964, as amended

State Rules/Regulations and Contract Requirements

Several state rules and regulations as provided in Florida Statutes apply to programs funded through federal and state appropriations. As federal funds are received by the state, the state's additional statutory requirements are attached to the use and receipt of the funds. State rules and regulations applicable to AAAs and service providers are listed below. DOEA's contract with AAAs embodies federal and state rules by reference and/or through recital of applicable statutes.

Chapter 287, F.S.

- Procurement of Goods and Services
- Supplier Diversity
- Payment of Vendors (7-Day Rule)
- Exclusion of Public Entity Crime Violators

Chapter 415, F.S.

- Reporting of Elder Abuse (72-Hour Rule)

Chapter 427, F.S.

- Transportation Disadvantaged

Section 430.07, F.S.

- Volunteers

Section 430.08, F.S.

- Rulemaking

Sections 430.201-207, F.S.

- Community Care for the Elderly Program (CCE)

Sections 430.501-504, F.S.

- Alzheimer's Disease Initiative (ADI)

Sections 430.601-608, F.S.

- Home Care for the Elderly (HCE)

Section 215.97(3), F.S.

- Florida Single Audit Act

Department of Financial Services

- State Projects Compliance Supplement
- Reference Guide for State Expenditures

Statewide Map of Planning and Service Areas

